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**DECLARATION FOR UTILITY OR  
DESIGN  
PATENT APPLICATION  
(37 CFR 1.63)**Declaration  
Submitted  
With Initial  
Filing

OR

Declaration  
Submitted after Initial  
Filing (surcharge  
(37 CFR 1.16 (e))  
required)**Attorney Docket Number**

P04559US01

**First Named Inventor**

Vennerstrom, et al.

**COMPLETE IF KNOWN**

Application Number

Filing Date

Art Unit

Examiner Name

**I hereby declare that:**

Each inventor's residence, mailing address, and citizenship are as stated below next to their name.

I believe the inventor(s) named below to be the original and first inventor(s) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

SPIRO AND DISPIRO 1,2,4-TRIOXOLANE ANTIMALARIALS

*(Title of the Invention)*

the specification of which



is attached hereto

OR



was filed on (MM/DD/YYYY)

as United States Application Number or PCT International

Application Number

and was amended on (MM/DD/YYYY)

(if applicable).

I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment specifically referred to above.

I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56, including for continuation-in-part applications, material information which became available between the filing date of the prior application and the national or PCT international filing date of the continuation-in-part application.

I hereby claim foreign priority benefits under 35 U.S.C. 119(a)-(d) or (f), or 365(b) of any foreign application(s) for patent, inventor's or plant breeder's rights certificate(s), or 365(a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent, inventor's or plant breeder's rights certificate(s), or any PCT international application having a filing date before that of the application on which priority is claimed.

| Prior Foreign Application<br>Number(s) | Country | Foreign Filing Date<br>(MM/DD/YYYY) | Priority<br>Not Claimed  | Certified Copy Attached? |                                     |
|--|---------|-------------------------------------|--------------------------|--------------------------|-------------------------------------|
|  |         |                                     |                          | Yes                      | No                                  |
| PCT/US02/19767                         | WO      | 06/21/2002                          | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
|  |         |                                     | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            |
|  |         |                                     | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            |
|  |         |                                     | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            |



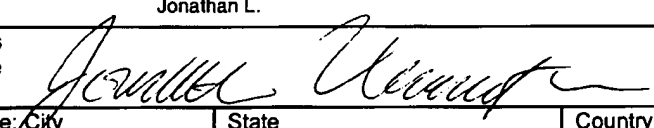
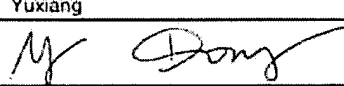
Additional foreign application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto.

[Page 1 of 2]

This collection of information is required by 37 CFR 115 and 37 CFR 1.63. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 21 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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**DECLARATION — Utility or Design Patent Application**

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| Country<br>US   |             | Telephone<br>515-288-3667  |   | Fax<br>515-288-1338                                      |                       |
| I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon. |             |  |   |  |                       |
| NAME OF SOLE OR FIRST INVENTOR:   |             |  | <input type="checkbox"/> A petition has been filed for this unsigned inventor |  |                       |
| Given Name<br>(first and middle (if any))<br>Jonathan L.  |             |  | Family Name<br>or Surname<br>Vennerstrom                                      |  |                       |
| Inventor's Signature<br>  |             |  |   |  | Date<br>07/14/03      |
| Residence: City<br>Omaha  | State<br>NE | Country<br>US  |   | Citizenship<br>US  |                       |
| Mailing Address<br>College of Pharmacy, 986025 Nebraska Medical Center  |             |  |   |  |                       |
| City<br>Omaha   | State<br>NE | ZIP<br>68198-6025  |   | Country<br>US  |                       |
| NAME OF SECOND INVENTOR:  |             |  | <input type="checkbox"/> A petition has been filed for this unsigned inventor |  |                       |
| Given Name<br>(first and middle (if any))<br>Yuxiang  |             |  | Family Name<br>or Surname<br>Dong   |  |                       |
| Inventor's Signature<br>   |             |  |   |  | Date<br>July 14, 2003 |
| Residence: City<br>Omaha  | State<br>NE | Country<br>US  |   | Citizenship<br>People's Republic China                   |                       |
| Mailing Address<br>College of Pharmacy, 986025 Nebraska Medical Center  |             |  |   |  |                       |
| City<br>Omaha   | State<br>NE | ZIP<br>68198-6025  |   | Country<br>US  |                       |
| <input checked="" type="checkbox"/> Additional inventors or a legal representative are being named on the <u>2</u> supplemental sheet(s) PTO/SB/02A or 02LR attached hereto.  |             |  |   |  |                       |

**DECLARATION****ADDITIONAL INVENTOR(S)**

Supplemental Sheet

Page 3 of 4

|   |                        |   |  |
|---|------------------------|---|--|
| <b>Name of Additional Joint Inventor, if any:</b>   |                        | <input type="checkbox"/> A petition has been filed for this unsigned inventor |  |
| Given Name (first and middle (if any))  |                        | Family Name or Surname  |  |
| Jacques   |                        | Chollet   |  |
| Inventor's Signature  | <i>Jacques Chollet</i> |   | Date <i>18 July 2003</i>                       |
| Residence: City   | Basel                  | State   | Country Switzerland<br>Citizenship Switzerland |
| Mailing Address Swiss Tropical Institute, Socinstrasse 57   |                        |   |  |
| Mailing Address Ch-4002 Basel   |                        |   |  |
| City  | Basel                  | State   | Country Switzerland<br>Zip                     |
| <b>Name of Additional Joint Inventor, if any:</b>   |                        | <input type="checkbox"/> A petition has been filed for this unsigned inventor |  |
| Given Name (first and middle (if any))  |                        | Family Name or Surname  |  |
| Hugues  |                        | Matile  |  |
| Inventor's Signature  | <i>Hugues Matile</i>   |   | Date <i>18 July 2003</i>                       |
| Residence: City   | Basel                  | State   | Country Switzerland<br>Citizenship Switzerland |
| Mailing Address Pharma Research Dept., Infectious Diseases, F. Hoffman - LaRoche Ltd., CH-4070 Basel, Switzerland |                        |   |  |
| Mailing Address Pharma Research Dept., Infectious Diseases, F. Hoffman - LaRoche Ltd., CH-4070 Basel, Switzerland |                        |   |  |
| City  | Basel                  | State   | Country Switzerland<br>Zip                     |
| <b>Name of Additional Joint Inventor, if any:</b>   |                        | <input type="checkbox"/> A petition has been filed for this unsigned inventor |  |
| Given Name (first and middle (if any))  |                        | Family Name or Surname  |  |
| Maniyan   |                        | Padmanilayam  |  |
| Inventor's Signature  |                        |   | Date   |
| Residence: City   | Woburn                 | State MA  | Country US<br>India<br>Citizenship             |
| Mailing Address 14 Westgate Drive #107  |                        |   |  |
| Mailing Address   |                        |   |  |
| City  | Woburn                 | State MA  | Country US<br>Zip 01801                        |

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**DECLARATION****ADDITIONAL INVENTOR(S)**  
Supplemental SheetPage 3 of 4

|   |        |   |                     |
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| Given Name (first and middle (if any))  |        | Family Name or Surname  |                     |
| Jacques   |        | Chollet   |                     |
| Inventor's Signature  |        | Date  |                     |
| Residence: City   | Basel  | State   | Country Switzerland |
| Citizenship Switzerland   |        |   |                     |
| Mailing Address Swiss Tropical Institute, Socinstrasse 57   |        |   |                     |
| Mailing Address Ch-4002 Basel   |        |   |                     |
| City  | State  | Zip   | Country Switzerland |
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| Given Name (first and middle (if any))  |        | Family Name or Surname  |                     |
| Hugues  |        | Matile  |                     |
| Inventor's Signature  |        | Date  |                     |
| Residence: City   | Basel  | State   | Country Switzerland |
| Switzerland Citizenship   |        |   |                     |
| Mailing Address Pharma Research Dept., Infectious Diseases, F. Hoffman - LaRoche Ltd., CH-4070 Basel, Switzerland |        |   |                     |
| Mailing Address Pharma Research Dept., Infectious Diseases, F. Hoffman - LaRoche Ltd., CH-4070 Basel, Switzerland |        |   |                     |
| City  | State  | Zip   | Country Switzerland |
| <b>Name of Additional Joint Inventor, if any:</b>   |        | <input type="checkbox"/> A petition has been filed for this unsigned inventor |                     |
| Given Name (first and middle (if any))  |        | Family Name or Surname  |                     |
| Maniyan   |        | Padmanilayam  |                     |
| Inventor's Signature  |        | Date 07-25-03   |                     |
| Residence: City   | Woburn | State MA  | Country US          |
| India Citizenship   |        |   |                     |
| Mailing Address 14 Westgate Drive, #107   |        |   |                     |
| Mailing Address   |        |   |                     |
| City  | Woburn | State MA  | Zip 01801           |
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**DECLARATION****ADDITIONAL INVENTOR(S)**

Supplemental Sheet

Page 2 of 4

|  |                |   |           |
|--|----------------|---|-----------|
| Name of Additional Joint Inventor, if any:   |                | <input type="checkbox"/> A petition has been filed for this unsigned inventor |           |
| Given Name (first and middle (if any))   |                | Family Name or Surname  |           |
| Yuanqing   |                | Tang  |           |
| Inventor's Signature <i>Yuanqing Tang</i>  |                | Date 07/16/03   |           |
| Residence: City  | Omaha          | State   | NE        |
| Country  | US             | Citizenship   | China     |
| Mailing Address University of Nebraska Medical Center, College of Pharmacy                 |                |   |           |
| Mailing Address 986025 Nebraska Medical Center   |                |   |           |
| City   | Omaha          | State   | NE        |
| Zip  | 68198-6025     | Country   | US        |
| Name of Additional Joint Inventor, if any:   |                | <input type="checkbox"/> A petition has been filed for this unsigned inventor |           |
| Given Name (first and middle (if any))   |                | Family Name or Surname  |           |
| William N.   |                | Chaman  |           |
| Inventor's Signature <i>William N. Chaman</i>  |                | Date Aug 12, 2003   |           |
| Residence: City  | Parkville, VIC | State   |           |
| Country  | Australia      | Citizenship   | Australia |
| Mailing Address Victorian College of Pharmacy, Monash Univ., Parkville, VIC 3062 Australia |                |   |           |
| Mailing Address Victorian College of Pharmacy, Monash Univ., Parkville, VIC 3062 Australia |                |   |           |
| City   | Parkville, VIC | State   |           |
| Zip  |                | Country   | Australia |
| Name of Additional Joint Inventor, if any:   |                | <input type="checkbox"/> A petition has been filed for this unsigned inventor |           |
| Given Name (first and middle (if any))   |                | Family Name or Surname  |           |
|  |                |   |           |
| Inventor's Signature   |                | Date  |           |
| Residence: City  |                | State   |           |
| Country  |                | Citizenship   |           |
| Mailing Address  |                |   |           |
| Mailing Address  |                |   |           |
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|  | Filing Date            |                     |
|  | First Named Inventor   | Vennerstrom, et al. |
|  | Group Art Unit         |                     |
|  | Examiner Name          |                     |
|  | Attorney Docket Number | P04559US01          |

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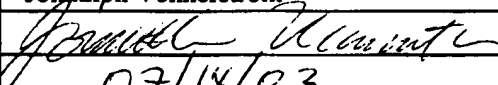
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| Telephone   |  | Fax   |  |     |

I am the:

☒ Applicant/Inventor.

☐ Assignee of record of the entire interest. See 37 CFR 3.71.  
*Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).*

**SIGNATURE of Applicant or Assignee of Record**

|           |   |
|-----------|---|
| Name      | Jonathon Vennerstrom  |
| Signature |  |
| Date      | 07/14/03  |

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.

☒ \*Total of 7 forms are submitted.

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| Filing Date            |                     |
| First Named Inventor   | Vennerstrom, et al. |
| Group Art Unit         |                     |
| Examiner Name          |                     |
| Attorney Docket Number | P04559US01          |

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I am the:

☒ Applicant/Inventor.

☐ Assignee of record of the entire interest. See 37 CFR 3.71.  
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).

### SIGNATURE of Applicant or Assignee of Record

Name Yuanqing Tang

Signature

Date

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.

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| First Named Inventor   | Vennerstrom, et al. |
| Group Art Unit         |                     |
| Examiner Name          |                     |
| Attorney Docket Number | P04559US01          |

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I am the:

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☐ Assignee of record of the entire interest. See 37 CFR 3.71.  
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).

**SIGNATURE of Applicant or Assignee of Record**

Name Yuxiang Dong

Signature

Date

July 14, 2003

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.

☒ Total of 7 forms are submitted.

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Vennerstrom, et al.

Group Art Unit

Examiner Name

Attorney Docket Number

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### SIGNATURE of Applicant or Assignee of Record

Name

Maniyan Padmanilayam

Signature

Date

07-25-03

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Wade S. Bellamy  
Patents Practice  
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### SIGNATURE of Applicant or Assignee of Record

Name

William N. Charman

Signature

*William N. Charman*

Date

Aug 12, 2003

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Group Art Unit

Examiner Name

Attorney Docket Number

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P04559US01

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Name

Jacques Chollet

Signature

Date

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Name

Hugues Matile

Signature

Date

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